

Collaborative Park Resources (CPR) Program Report



Mail or deliver your completed report to:

New Bedford Whaling
National Historical Park
Attn. Tom Ross, Deputy Superintendent
33 William Street
New Bedford, MA 02740

For official use only

Date Received: _____

Application # _____

*At the completion of the project **or** by September 15th of the Fiscal Year of the award of funds, a report must be submitted describing the results of the project, major problems encountered, final accounting of revenues and expenses, project products, project marketing and advertising, photography, and newspaper articles. Report narrative should be no longer than two pages (typed or legibly printed). Please complete responses for items 1-3 (type or print legibly).*

Type of Report (please check):

☐ Final Report
(within 6 months of project completion)

☐ Status Report
(on going project, provide status report by September 15th)

1. Project Profile:

Project Title: _____

Sponsoring Organization: _____

Primary Contact: _____

Title: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Fax: _____

If you need assistance please contact
Deputy Superintendent Tom Ross for
assistance at (508) 994-8926

2. Required attachments: (check enclosed items)

Report ☐

Final Budget ☐

Copies of checks
& invoices ☐

Project products
(ie. report) ☐

3. Optional attachments: (check enclosed items)

Newspaper
articles ☐

Photography ☐

Project marketing
or advertising ☐